



DEPARTMENT OF THE ARMY  
HQS, 306TH MILITARY INTELLIGENCE BATTALION, UNITED STATES ARMY GARRISON  
FORT HUACHUCA - ARIZONA 85613-6000

ATZS-HBH

DATE: \_\_\_\_\_

MEMORANDUM FOR CDR, Hqs, 306th MI Bn, Ft. Huachuca, AZ 85613-6000

SUBJECT: Pass Request

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**Section 301, Title 5 USC. PURPOSE:** To obtain written authority for absence from duty. **USAGE:** To obtain approval for absence from duty, leave address and telephone for emergency use, and authority for payment of leave rations allowance for service member. **DISCLOSURE:** Voluntary. However, if service member does not provide information required on this form, pass or leave will be denied by the commander.

|   |   |   |                                    |
|---|---|---|------------------------------------|
| 1. LAST NAME  | 2. FIRST NAME   | 3. RANK   | 4. MEAL CARD<br>YES _____ NO _____ |
| 5. DIRECTORATE/DIVISION   | 6. <input type="checkbox"/> LEAVE REQUEST<br>GO TO BLOCK 13 | 7. PASS REQUEST<br><input type="checkbox"/> 3-day <input type="checkbox"/> 4-day          | 8. DATES<br>FROM: _____ TO: _____  |
| 9. REASON (PASS REQUESTS ONLY):   |   |   |                                    |
| 10. PASS ADDRESS:   |   |   |                                    |
| Number _____ Street _____   |   | City _____  | State _____ Zip Code _____         |
| 12. PASS PHONE NUMBER   |   |   |                                    |
| 13. DRIVER SAFETY AWARENESS INFORMATION   |   |   |                                    |
| <p>a. Do not take unnecessary risk that endangers your life or that of your family or friends.</p> <p>b. Observe all state traffic laws and operate your vehicle no faster than road and weather conditions.</p> <p>c. Wear seats belts at all times operating or riding in a vehicle.</p> <p>d. When operating a motorcycle, wear a helmet and a reflective vest. Understand that local law does not change the requirements of AR 385-55, which requires protective equipment. Failure to ensure the wear of protective equipment could have a negative impact on a line of duty investigation.</p> <p>e. Ensure your vehicle is in a good safe working order.</p> <p>f. Ensure you had sufficient rest prior to departure on a long trip. Take appropriate rest as you drive.</p> <p>g. Do not operate a motor vehicle beyond your ability. This applies to any type of vehicle, boat, jet ski, etc.</p> <p>h. Do not drink and operate any type of motorized vehicle.</p> <p>i. Staff Duty number is (520) 533-2624.</p> <p>j. The greatest cause of accidents are, SPEED, FATIGUE, AND ALCOHOL.</p> <p>k. Remember, use your common sense. If you think it might be dangerous, it probably is.</p> <p>l. Safety should be your number one priority while on leave or pass.</p> |   |   |                                    |
| 14. I acknowledge receipt of the Driver Safety Awareness Information.   |   |   |                                    |
| SIGNATURE OF REQUESTOR _____  |   |   |                                    |
| 15. RECOMMENDATIONS & VEHICLE INSPECTION STATEMENT:<br>The soldier has a valid vehicle safety inspection (within 60 days) on file.  |   |   |                                    |
| Supervisor/Section Chief:   |   | <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL _____<br>Signature |                                    |
| Directorate:  |   | <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL _____<br>Signature |                                    |
| Commander/First Sergeant:   |   | <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL _____<br>Signature |                                    |

**SAFETY FIRST**